

PLUMBING PERMIT APPLICATION

CITY OF HAMPTON, VIRGINIA

DATE:

| | | | | | | | | | |
|---|--|--------------------|-------|--|--|---------------------|----------------------|-------------------|--|
| JOB ADDRESS | | | | PHONE | | | | | |
| OCCUPANT | | | | PHONE | | | | | |
| CONTRACTOR | | | | STATE REG. NO. | | PHONE | | | |
| EXISTING USE OF STRUCTURE | | | | DETACHED 1 & 2 FAMILY DWELLING | | | CHANGE OF USE | | |
| PROPOSED USE OF STRUCTURE | | | | DETACHED 1 & 2 FAMILY DWELLING | | | | | |
| CLASS OF WORK | | NEW | | ADDITION | | ALTERATION | | | |
| | | | | | | REPLACE | | | |
| | | | | | | REPAIR | | | |
| --INSPECTIONS-- A. All new, altered, extended or replaced plumbing shall be left uncovered & unconcealed until it has been tested B. Rough-in: Water or air test prior to concealing. C. Final: After all plumbing fixtures have been set and their traps filled with water, their connections shall be proved gas and water tight. All work requires inspections. Failure to obtain necessary inspections may result in legal action, uncovering of concealed work, or voiding of permit. Verification of work is determined by inspections being made within each 6 month period. To assure inspections are made on time, 8 hours notice is requested. | | | | SYSTEMS & EQUIPMENT | | | | PERMIT FEE | |
| | | | | | | | | | |
| DESCRIPTION OF WORK: SPECIAL CONDITIONS: PLANS REQUIRED PLANS SUBMITTED YES NO YES NO --NOTICE-- This permit becomes null & void if authorized work is not commenced within 6 months, or if work is suspended for a period of 6 months. The owner agrees to conform to all applicable laws of this jurisdiction. I hereby certify that I have read and examined this application and know thee same to be true and correct. OWNER/AGENT SIGNATURE | | | | BATHTUB | | DROP INLET | | | |
| | | | | LAVATORY | | SUMP PUMP | | | |
| | | | | SHOWER | | VACUUM BREAKER | | | |
| | | | | WATER CLOSET | | ROOF DRAIN | | | |
| | | | | DOMESTIC SINK | | TANKS | | | |
| | | | | CLOTHES WASHER | | BACK FLOW PREVENTER | | | |
| | | | | DISPOSAL | | IRRIGATION | | | |
| | | | | DISHWASHER | | TRENCH DRAIN | | | |
| | | | | WATER HEATER | | GAS | ELECT | SOLAR | |
| | | | | HUMIDIFIER | | WELL | | | |
| | | | | ICE MAKER | | SOLAR | | | |
| | | | | BIDET | | VENT | | | |
| | | | | URINAL | | T.P. VALVE | | | |
| | | | | DENTAL UNIT | | BLOW DOWN LINE | | | |
| | | | | LAUNDRY TRAY | | HOSE RIB | | | |
| SERVICE SINK | | FLOOR SINK | | | | | | | |
| FLOOR DRAIN | | DRINKING FOUNTAIN | | | | | | | |
| MANHOLE | | 3 COMP. SINK | | | | | | | |
| INTERCEPTOR | | OIL | SAND | GREASE | | | | | |
| BUILDING DRAIN | | STORM SEWER | | | | | | | |
| SEWER EJECTOR | | WATER DISTRIBUTION | | | | | | | |
| SEPTIC TANK CONNECTION | | | | | | | | | |
| WATER SERVICE | | | | | | | | | |
| BUILDING SEWER | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| APPROVED | | DENIED | DATE | TOTAL VALUE OF CONST. THIS CONTRACT | | | | | |
| BUILDING OFFICIAL | | | | | | | | | |
| CLERK | | CASH | CHECK | CREDIT | WHEN PROPERLY VALIDATED IN THIS SPACE – THIS IS YOUR PERMIT | | | | |
| | | | | | | | | | |

****ALL INSPECTIONS CAN BE ARRANGED BY CALLING 727-8311****